

LEGAL ABORTION HARMS WOMEN

Throughout the period (1973-2017) that *Roe v. Wade* and subsequent Supreme Court decisions have given us a policy of abortion on demand throughout the nine months of pregnancy for virtually any reason, evidence has been accumulating that legal abortion not only kills unborn human beings, but also harms women. The following is a brief review of some of this evidence.

Maternal Deaths

The U.S. Centers for Disease Control (CDC) report that 431 women died from legal abortions between 1973-2013¹. Kevin Sherlock, an investigative reporter who examined newspaper articles and public records in county courthouses, coroners' offices and morgues, found there were 30% to 40% more abortion related maternal deaths during 1980-1989 than CDC figures indicated. Sherlock said the Health Commissioner of New York City stated he had national data indicating there were 176 abortion related deaths during 1981-1984, 419% higher than CDC figures for those years.² Mark Crutcher verified 23 deaths from legal abortion in 1992-1993 that were reported to state agencies. The CDC listed only two of these.³ Its coding system makes it difficult to identify maternal deaths due to abortion.⁴

The maternal deaths described above occur during the abortion, or shortly thereafter as a result of medical complications. However, researchers⁵ have also discovered that maternal mortality (including deaths from suicide, accidents, homicide and some diseases, which may be related to increased risk-taking behavior) is associated with pregnancy loss, whether by abortion or "natural loss" (miscarriage, ectopic pregnancies or still births). They note that while births have a positive effect on maternal longevity, pregnancy losses have a negative effect, with that of abortion being greater than that of natural losses. Moreover, abortion has a "dose effect." That is, one abortion increases the proportional risk of premature maternal death 1.45 times, 2 abortions by 2.14 times, and 3 abortions by 2.92 times.

Physical Health

Maternal Injuries and Complications Mark Crutcher documents 23 different injuries and complications (hemorrhage, infection, perforated uterus, bowel/intestine extraction, brain damage, etc.) suffered by 233 women having a legal surgical abortion.⁶ Fifty-three percent of these resulted in death, and many caused permanent injury (sterility, colostomy, vegetative state, etc.). These cases are just the tip of the iceberg, as abortionists often do not report problems, women having abortions are reluctant to sue, and the generally pro-choice media are unlikely to expose abortion malpractice.

Medical (Chemical) Abortion This type of abortion involves a two-drug regimen of mifepristone followed by misoprostol, together referred to as RU-486. A recent Finnish study covering the years 2000-2006 compared all women having a medical (drug induced) abortion (N=22,368) to those having a surgical abortion (N=20,251). The women were pregnant for 63 days or less and were followed for just 42 days after the abortion. Overall, women undergoing medical abortions were more likely to suffer adverse complications in this time frame (20% did) than women undergoing surgical abortions (5.6% did). Compared to women having a surgical abortion, those having medical abortions were more likely to experience hemorrhage (15.6% vs. 2.1%) and incomplete abortions (6.7% vs. 1.6%). An Australian study of some 7,000 abortions in 2009 and 2010 found that 5.7% of the women undergoing chemical abortions with the drugs RU-486 were re-admitted to a hospital for post-abortion treatment, compared to just 0.4% of those women having surgical abortions. Women having RU-486 abortions experienced severe hemorrhaging in 1 in 200 cases, while those having surgical abortions had this experience in 1 in 3000 cases. Similarly, the rate of hospital admission for infection was 1 in 480 cases for chemical abortions, but 1 in 1,500 for surgical abortions.⁷

Surgical Abortion The remainder of this report focuses mainly on the consequences of surgical abortion which account for about 78% of legal abortions in the U.S.

Breast Cancer An earlier review of 44 worldwide studies found 30 established a link between induced abortion and an increased incidence of breast cancer.⁸ Reviewing most of these studies, Brind found an overall increase of 50% for women who had an abortion *before* the birth of their first child, and a 30% increase in risk for women who had an abortion *after* the birth of their first child. A study of U.S. women suffering from a virulent subtype of abortion

“associated with high mortality and inadequate therapeutic options” found that abortion raised breast cancer risk by 40 percent.⁹

More recent reviews indicate that seventy-four epidemiological studies (statistical studies of large populations) have been conducted in Asia, Europe, Australia and the U.S. since 1957. Over 78 percent of these studies report an increased risk of breast cancer for women who have abortions.¹⁰

Lifetime risk of breast cancer for the average American woman has increased from 1 in 12 in 1970 to 1 in 7 in 2006, corresponding to a 6.4-fold increase in legal abortions during this time period. One study found breast cancer rates in the U.S. climbed more than 40% between the mid 1980s and 1998. Among three age groups in the study, only the youngest generation (those under age 40 in 1973, when *Roe v. Wade* was passed) experienced an increase in breast cancer rates.¹¹

Ectopic Pregnancies (These implant in the Fallopian tubes, rather than the womb). From 1970-1989, ectopic pregnancies in the U.S. increased almost fourfold, coinciding with the general increase in legal abortions. Ectopic pregnancies caused 13% of all pregnancy related maternal deaths during this period¹² and have been linked to induced abortion.¹³

Future Pregnancies At least 139 studies find that induced abortion increases the risk of prematurity and low birth weight in subsequent births, thus posing health risks for future, wanted children. Many of these studies are reviewed by Calhoun et al.¹⁴ A more recent analysis of 37 studies from around the world, carefully chosen for their scientific rigor, concluded that women having a first or second trimester abortion increase the risk of having a premature baby by 36%. Women having more than one abortion increase the risk of prematurity by 93 percent.¹⁵

Prematurity is the leading cause of death among newborn babies. According to the National Vital Statistics Report, babies who died of preterm-related causes accounted for 36.5% of all infant deaths in 2005. Moreover, those who survive may face lifelong problems. These include mental retardation, cerebral palsy, breathing and respiratory problems, vision and hearing loss, and feeding and digestive problems.¹⁶ Subsequent miscarriage is also associated with abortion.¹⁷ A study of over a million single births which occurred in Norway from 1967 to 1988 found that babies born prematurely were more likely to die in the first year of life, as well as during ages 1 to 5, compared to those born full term. Moreover, prematurity was linked to lower levels of education and more childlessness in both women and men followed into adulthood. Women who were preemies were more likely to give birth to preemies themselves.¹⁸

Between 1980 and 2005, the preterm birth rate in the U.S. increased by 43%, coinciding with the increase in legal abortions.¹⁹ A recent study of over 45,500 mothers giving birth in the United States found that women with one previous abortion were 70% more likely to have a pre-term birth. This risk increased two-fold in women who had two abortions and three-fold in those who had three or more abortions.²⁰

Black women have an abortion rate 4.3 times as high as other ethnic groups. While they make up only about 12.5% of American females, they have some 38.2% of the abortions. Correspondingly, they are also 3 times more likely than other women to have a preterm birth before 32 weeks gestation and four times more likely to have a preterm birth before 28 weeks.²¹

Mental Health

Suicide A 13-year study (1987-2000) of the entire female population of Finland aged 15-49 found the suicide rate among women who had abortions was 6 times higher than that of women who had given birth, and twice that of women who had miscarriages.²² David C. Reardon studied the MediCal records of over 173,000 California women who had given birth or aborted in 1989. Women who had state-funded abortions were 2.5 times more likely to die of suicide than MediCal women who had given birth.²³ A more recent U.S. study involving a nationally representative sample of 3,310 women found that those experiencing an abortion were 59% more likely to engage in suicidal ideation and 51% more likely to have attempted suicide than those not having an abortion. This study controlled for the women's age, race, education, marital status, household income and whether they had experienced violence (physical abuse, rape, other sexual assault, being mugged or held up, or threatened with a weapon). Thirty percent of the women reported that the suicidal ideation took place after their first abortion, while 23% reported their suicide attempt occurred after their abortion.²⁴ David Fergusson et al. studied a cohort of New Zealand women from birth to 30 years of age and found an increased incidence of suicide and suicide ideation in post-abortive women.^{26,26}

A report on Spanish women found that 40% of those who had abortions contemplated suicide, and that women who had abortions had a suicide rate between 6 and 7 times higher than women who gave birth.²⁷

Post-Abortion Syndrome Post-Abortion Syndrome is characterized by flashbacks to the abortion experience, anxiety attacks on the abortion anniversary, difficulty relating to children, and depression. Although short-term follow-up studies of abortion tend to find women are relieved, longer term studies suggest depression and other psychological problems occur.²⁸ Two large scale studies utilizing a nationally representative sample of American women found that, compared to similar women who had not had an abortion, women who had abortions were more likely to suffer from Posttraumatic Stress Syndrome (PTSD).²⁹

Psychological Problems Overall, at least 22 studies find a link between abortion and depression. Using the MediCal data base and comparing 14,297 women who aborted to 40,122 women who gave birth (controlling for preexisting psychological history), Priscilla K. Coleman et al. found that rates of first-time outpatient mental health treatment for 4 years after abortion or birth were 17% higher for the abortion group. These authors cite 3 other large-scale studies finding a higher incidence of psychological treatment among women who abort.³⁰

In their New Zealand study, Fergusson et al., following a birth cohort of some 530 women to age 30, and controlling for over 30 variables including pre-abortion mental health, found post-abortion women had rates of mental disorder that were about 30% higher.³¹ A Canadian study of 41,089 women who had abortions compared to a matched sample of 39,220 women who did not have abortions found the abortion group had a 165% higher rate of hospitalization for psychiatric problems.³²

In a study utilizing a national sample of 5,877 American women controlling for several personal, situational and demographic variables, Priscilla K. Coleman et al. found that for 12 out of 15 mental health outcomes examined, a decision to have an abortion resulted in an elevated risk for women.³³ Thus, for women who had abortions the risk of alcohol abuse increased by 120%, of drug abuse by 79%, of bipolar disorder by 167%, of major depression by 45%, of panic disorders by 111%, of post-traumatic stress syndrome by 59%, and of agoraphobia (fear of crowds, public places, or open spaces) by 95%. The researchers noted that “the abortion variable made a significant independent contribution to more mental health outcomes than a history of rape, sexual abuse in childhood, physical assault in adulthood, physical abuse in childhood and neglect.” On the other hand, spontaneous abortions or miscarriages had an independent effect on just 4 of the 15 psychiatric illnesses examined, indicating that abortion is more traumatic for women than a miscarriage.

A second study focusing on 3,310 women in the same nationally representative sample and controlling for socio-demographic variables and experience with violence found that women who had abortions were more 51% more likely to suffer from major depression, 67% more likely to suffer from generalized anxiety disorder, and between 3 and 4 times more likely to suffer from alcohol and substance abuse.³⁴ From 42% to 49% of these negative outcomes were known to have first appeared after the woman’s abortion. Women who had abortions were also 61% more likely to suffer from mood disorders and social phobias, and 51-59% more likely to attempt suicide or engage in suicidal ideation, respectively. In 30% of these cases, suicidal ideation was reported to have occurred only after an abortion was experienced, which was also true of 23% of the suicidal attempts.

The most methodologically and statistically sophisticated study to date utilized data from the National Longitudinal Study of Adolescent to Adult Health and followed 8,005 American women who were interviewed three times at average ages of 15, 22, and 28. Although space does not allow us to go into details, suffice it to say that after adjusting for several demographic differences and other factors, the study found that induced abortion during these years elevated a woman’s risk of mental health disorder by 45%, while natural miscarriage raised it 24%, and childbirth slightly decreased the risk mental disorder.³⁵

Substance Abuse At least 33 studies show a link between abortion and substance abuse. Most of these studies are cited in Reardon.³⁶ Six large scale studies have been published and include samples from the United States, New Zealand, and Australia.^{35,37,38} Reardon and Ney found aborting women were 5 times more likely to report later substance abuse than birthing women, and 4 times more likely than those having miscarriages.³⁹ A U.S. sample study found women experiencing abortion were 2 to 4 times more likely than those not experiencing abortion to be involved with substance abuse/dependency. The researchers were able to determine that in 42% to 49% of the cases, the substance abuse/dependence began after the abortion.⁴⁰ Mullins’ large sample longitudinal study of U.S. women also

found that women who aborted were 2 times more likely to abuse alcohol and 3.25 times more likely to abuse illicit drugs.³⁵

There is evidence to suggest that teens undergoing abortion may be more likely to experience more physical and psychological problems than older women. Teens are more likely to be pressured into unwanted abortions, and to undergo later-term abortions. For example, utilizing a longitudinal sample of U.S. teens, Priscilla K. Coleman found that teens who abort are 5 times more likely to seek help for psychological problems than teens who carried unwanted pregnancies to term. Coleman also found that those who aborted were more than 3 times more likely to report subsequent sleep problems and 9 times more likely to report marijuana use.⁴¹

Comprehensive Summary Study In September 2011, Coleman published a comprehensive review an analysis of 22 of the world's best large studies of abortion's impact on women's mental health. Chosen for their methodological rigor, as well as sample size, the studies' results were combined in one meta-analysis, and involved 877,181 women, of which 163, 831 had experienced an abortion. Her study's overall finding was that women who had undergone an abortion experienced an 81% greater risk of mental health problems. The study also found that almost 10% of all women's mental health problems are directly linked to abortion. After taking into account such variables as demographics, exposure to violence and prior history of mental problems, Dr. Coleman found that abortion was associated with the following increased risks: anxiety disorders 34%, depression 37%, alcohol use/abuse 110%, marijuana use/abuse 220%, suicide behaviors 155%. Dr. Coleman concluded that this information should be shared with all women seeking abortion.⁴²

Relationship Problems

With Partners: In a review of 68 studies, Priscilla K. Coleman analyzed findings regarding the negative impact of abortion on partner relationships.⁴³ Partners having abortions experience increased communication problems, domestic violence, sexual dysfunction and likelihood of separation and divorce. Post-abortion feelings of guilt, anger and grief, as well as different beliefs about the nature of abortion, and male-female differences in how these are experienced and reacted to, also put strains on the relationship. Research has also shown that inadequate pre-abortion counseling contributes to relationship problems, as does partner disagreement regarding the abortion decision.⁴⁴

With Children: As we noted above, Post-Abortion Stress Syndrome is characterized in part by difficulty relating to children. In addition, at least three studies have found, respectively, that compared to women who did not have an abortion, aborting mothers: 1) gave lower emotional support to their 1 to 4 year-olds and their 5 to 9 year-olds exhibited more behavior problems, 2) were more likely to physically abuse their children, although this was not true of mothers who had a miscarriage or stillbirth, and 3) were more likely to use physical punishment, including slapping, hitting, kicking, biting, and beating.^{45,45,47}

Conclusion In evaluating these studies, we should keep in mind the difference between a correlation between variables and establishing a causal connection between them. Nevertheless, to call legal abortion "safe" for women (compared to childbirth) is surely inaccurate.

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